County of Erie

Joel A. Giambra
County Executive

Erie County Department of Mental Health
Behavioral Health Vocational Task Force

Final Report

January 2003

DEPARTMENT OF MENTAL HEALTH
Michael Weiner, M.S., M.B.A.
Commissioner

Erie County Behavioral Health Vocational Task Force
Final Report

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Additional copies of the Erie County Behavioral Health Vocational Task Force Report will be available at the Erie County Department of Mental Health Web Site, http://www.erie.gov/health/mentalhealth/, or upon request from the Erie County Department of Mental Health, 95 Franklin St., Buffalo, NY 14202.

Erie County Behavioral Health Vocational Task Force

Final Report

January 2003

Executive Summary

The findings of the Erie County Behavioral Health Vocational Task Force are consistent with the movement towards Person Centered planning and supports. Consistent with Person Centered principles:

- Service options should be based on individuals' choices, strengths and needs and;
- Services and supports should be coordinated around individuals' needs and vary in intensity.

The **key recommendations** of the Task force are as follows:

- Establish an ongoing Advisory and Implementation group;
- Intensify efforts towards changing the culture of the Behavioral Health System to value work and consumer employment;
- Expand and broaden employment opportunities:
- Improve access to Benefits Advisement;
- Identify fidelity measures for Best and Promising Practice implementation, review and evaluate performance measure and begin to identify exemplary programs;
- Integrate vocational, clinical and community supports;
- Develop funding strategies and;
- Continue to be aware of and responsive to the impact of Cultural issues.

Summary of Task Force Activities

In May of 2002, the Erie County Commissioner of Mental Health, Michael Weiner, requested the convening of a multidisciplinary task force to pursue improved access to employment for individuals with behavioral health disorders in Erie County. The Co-chairpersons, Deborah Goldman, Director of Planning and Evaluation, Erie County Department of Mental Health, and Carol Sabatino, MS, CRC, CASAC, Chief Operating Officer of Horizon Health Services, embraced representation from a wide variety of stakeholders including consumers of services, family members of consumers, providers of mental health and chemical dependency services, providers of peer services and recovery based services, providers of vocational services, representatives from the Department of Labor, Department of Social Services and Vocational and Educational Services for Individuals with Disabilities. The intent of such a wide range of representation was to maximize to the greatest extent possible resources of knowledge and perception regarding the issues of employment for individuals with behavioral health disorders. The varied nature of the make up of the task force provided an excellent forum for improved networking and communication for all members.

The goal of the Task Force was to develop a master plan for vocational services that would accomplish the following objectives:

- Identify methods that build a "valuing of work" among all involved in the Behavioral Health System: consumers, practitioners, family members and clinicians;
- Reassess our current system of vocational services;
- Explore national models and other evidence-based practices;
- Develop a plan to identify and address the issues of cultural competence in vocational services, and;
- Establish better and increased relationships with community employment opportunities

The report of the Matrix Research Institute completed in July of 2001 provided a baseline for the committee's tasks. The Matrix Report identified thirteen (13) areas that need to be addressed for change to occur. The Erie County Vocational Task Force, through the work of the subcommittees, addressed each of these areas as outlined below:

1. **Knowledge Building** – The subcommittees devoted significant attention to:
    - Developing information on what services are available in our community;
    - Which of the current services are emphasizing Best Practice interventions?;
    - What approaches are best used by vocational programs in developing job opportunities for individuals with behavioral health disorders?;
    - What strategies are used by Job Developers that are successful in working with employers to hire individuals with behavioral health disorders?;

- What concerns employers have regarding the hiring of individuals with behavioral health disorders?, and;
- What practices are being demonstrated through national models that might improve our local system of vocational services?

2. **Support What Works** – The subcommittees:
   - Evaluated local practices for integration of vocational services and treatment. It appears that those programs that are more closely integrated have greater success in engaging consumers in vocational activities overall.
   - Explored the length of time involved from the point of an individual expressing desire to work to engagement in vocational pursuit and employment. While "rapid engagement" had been found to be effective at the entry level, there are differences in opinion regarding the definition of this term.
   - Explored what interventions are effective in breaking down barriers to employment. The issue of "barriers" to employment was discussed by each subcommittee. (See "Elements of Successful Vocational Rehabilitation".) A number of consumers were also surveyed regarding their perceptions of these issues as barriers to employment and provided valuable insight into the overall impact these issues have had or may have for them. (See the Consumer Survey for details.)

3. **Analyze the Environment** – the Employment Subcommittee conducted two surveys. One survey was given to Job Developers employed in local vocational services. This survey was intended to identify what techniques were most successful in working with prospective employers in identifying possible jobs for individuals with behavioral health disorders. Another survey was sent to 745 employers in the Buffalo and surrounding communities. This survey was intended to uncover potential barriers that prospective employers may be concerned with in hiring individuals with behavioral health disorders. Both of these surveys rendered valuable information for both immediate consideration by vocational service providers and for continued efforts in improving access to employment.

4. **Ensure Best Practices Utilization** – the Current Services Subcommittee surveyed local providers of vocational services specifically asking them to respond to their utilization of various models, i.e., PACT, FACT, Individual Placement and Support, Intensive Psychiatric Rehabilitation and Enclave. The survey also evaluated the program for cultural competence and sensitivity, use of peer support, length of employment services, salary ranges, enhanced employment, career pathways and rapid engagement. The National Models Subcommittee reviewed vocational service models throughout the country providing a comparison to those models being used locally. The Subcommittee strongly suggested the use of multiple models. The work of this committee provided us with valuable information by which we can compare our local system as well as offering recommendations for continued improvements.

5. **Provide the Resources for Long Term Support** – The issue of continued supports for this population was discussed by each Subcommittee. It was recognized by consumer representatives that continued supports are essential for individuals to maintain employment. Supportive resources such as crisis intervention, relapse prevention, stress management and problem solving assistance are critical elements of successful vocational rehabilitation.

6. **Identify Excellence** – The Current Services Subcommittee through their survey of programs was able to identify the percentage of programs in the area that utilize Best Practices. This survey provides a baseline by which future programs as well as existing programs can be evaluated. However, this Subcommittee also noted significant variations in understanding of Best Practices concepts and in the availability of such programs.

7. **Develop a Benefits Resource Entity** - Throughout the work of the Task Force, the issue of "Benefits Advisement" was a frequent topic of discussion. Though there are resources in the community, it was recognized that many programs and consumers were not aware of current information thus reinforcing one of the significant barriers to employment, that of fear of loss of financial supports. The Employment Subcommittee identified resources in the community but recognized the need for much better dissemination of information on these resources as well as increasing the availability of individuals who are trained in benefits advisement. However, it is clear that currently available resources for benefits advisement is underutilized and the first step towards increasing the availability of benefits advisement is to improve access to these resources. (See the appendix for a brief list of resources in the community.)

8. **Capture All Stakeholders** – The Task Force was well represented by a very comprehensive listing of services and agencies devoted to employment. (See committee listing). Each subcommittee made significant effort to solicit input from consumers and their families throughout the process. In addition, the committee generated a list of possible barriers to employment**. (**See the appendix for a summary of barriers to employment.)

9. **Build a Working Task Force** – The Task Force strongly recommends the establishment of an ongoing Advisory and Implementation Group. The purpose of this committee would be to further intensify efforts toward improving access to employment for all individuals who are seeking employment, and assist in the implementation of the recommendations of this Task Force.

10. **Build Good Youth Transition Services** – The Task Force did not specifically address the issues of youth in transition. The Ongoing Advisory and Implementation Group should address this area and build on the findings of the Transitional Task Force (a separate Erie County Department of Mental Health Task Force currently meeting), when these findings become available.

11. **Educate the Public** – Each Subcommittee acknowledged the need for the dissemination of more employment related information for all stakeholders. The Current Services Subcommittee offers recommendation for more efficient

mechanisms for maintaining updated directory information regarding local vocational services. They also identified the need to develop a comprehensive plan to educate all stakeholders in how to utilize resources for locating the most appropriate services for their particular needs. The Employment Subcommittee's employer survey provided for heightened awareness of these issues and offered, through the survey, opportunity for employers to ask for additional information. It was also recognized through the work of the committees that education of service providers is a critical need. Consistent with Best Practices, education should have ongoing elements and support cultural change. The availability and value of knowledgeable behavioral health specialists who recognize employment as a primary goal of rehabilitation when an individual expresses a desire to work is another essential element of successful vocational rehabilitation.

12. **Build and Use an MIS** – The Task Force clearly acknowledged the importance of being able to track employment statistics. We need to use the most sophisticated technology available to be able to demonstrate outcomes and identify areas of weakness in our system. If possible, Management Information System enhancements should build on information systems currently available or being developed in the community.

13. **Seek Supplemental Funding** - The Task Force recognizes the importance of obtaining financial resources to continue the work that must be done to assure that all individuals who desire to work can do so. In addition, effective funding of Vocational Services may require reallocation of current resources. Ensuring employment for all who want and can work will ultimately reduce the high cost of behavioral health care and support individuals' move toward community integration and rehabilitation.

Task Force Recommendations

- **Establish an ongoing Advisory and Implementation Group**
  The Task Force recommends the establishment of an ongoing Advisory and Implementation Group to implement the recommendations that follow. This Advisory Group should include representation from diverse stakeholders including but not limited to Vocational Providers, VESID, the Department of Labor, Consumers, Treatment Providers and Business Associations.

- **Intensify efforts towards cultural change**
  The over-riding issue identified by the Task Force was the need to support changing the culture of the Behavioral Health System to value work and consumer employment. Methods for facilitating this change include:
    - Educating providers regarding supporting and educating families;
    - Providing ongoing supports for individuals as they move toward work;
    - Educating providers on how to help individuals address work goals;
    - Addressing providers', consumers' and families' fears of failure and;
    - Expanding employment opportunities by educating employers regarding behavioral health issues and ensuring that individuals have the appropriate qualifications for a broader range of positions.

- **Expand and broaden employment opportunities**
  The impact of the stigma of mental illness and chemical dependency continues to be a significant barrier to employment. The Employment Subcommittee identified that employers often equate disability with physical impairment. This assumption may lead them to ruling out an individual as a viable candidate if they think the work would require physical capabilities that they assume the individual does not have. Educating prospective employers about the rehabilitative capabilities of individuals recovering from mental illness and addiction is essential if we are to dispel myths that continue to stigmatize and create barriers to employment.

- **Improve Access to Benefits Advisement**
  Many individuals with disabilities can now work without the immediate loss of cash benefits or health insurance through Medicaid or Medicare through Work Incentives. Benefits Advisement is readily available in the community. Agencies such as Neighborhood Legal Services provide this service and some behavioral health agencies have Benefits Advisors on staff. However, many consumers and providers are unaware of the current rules, and are also unaware of where to get accurate advisement.

- **Identify and Disseminate Fidelity Measures for Best Practice implementation, review and evaluate performance measures, and identify and showcase exemplary programs.**
    - Several programs based on research-based principles of successful vocational rehabilitation strategies are available locally. The Advisory and Implementation Group should develop and distribute fidelity measures for these practices;

- Develop community consensus around performance measures for programs serving individuals with multiple barriers;
- Identify exemplary programs and develop strategies to both reallocate current funding and distribute new resources.

- **Integrate vocational, clinical and community supports**
  Best Practice Models for Vocational Services consistently identify integration of vocational, clinical and community supports as a factor for improving vocational outcomes. Integration should build on other ongoing local efforts such as Person Centered Planning, the Single Point of Entry for Care Coordination and Housing and the Western New York Care Coordination Program. Additional strategies include educational efforts targeted to stakeholders such as clinicians and housing providers including supervisory and administrative staff.

- **Develop Funding Strategies**
  Strategies include reallocation of current resources, grants and additional behavioral health funding streams. In addition, system integration at the federal, state and local level has the potential to increase the effectiveness of all funding streams; some examples of innovative approaches can be found in "Work as a Priority; A Resource for Employing People Who Have a Serious Mental Illness and are Homeless". In addition, advocating for increased flexibility in Federal Guidelines so that the funding supports long term job retention and/or career development services, consistent with individuals' needs, strengths and preferences.

- **Continue to be Aware of and Responsive to Cultural Issues**
  It is important to continue to explore the relationship of Behavioral Health Services and vocational goals to issues of culture and the value structure of the individual being served. In keeping with the concepts of Person Centered Planning, the values and cultural expectations of the individual must be at the center of any rehabilitative planning.

Evaluation of the Process

Throughout the work of the Task Force, all of the objectives were addressed. Improving access to and effecting successful vocational rehabilitation for individuals with behavioral health disorders is clearly the ongoing responsibility of our system of care. Each subcommittee has produced new information regarding our current status and formulated recommendations on directions that are needed to further improve access to vocational assistance and achievement of employment for all who wish to become employed. The Subcommittee Reports provide a valuable resource to vocational service providers and consumers. The work that has been accomplished will provide guidance to the ongoing Advisory and Implementation Group.

Obtaining and maintaining successful and satisfying employment is a challenge for most individuals. Those individuals living with mental illness and/or chemical dependency are faced with numerous additional barriers to achieving their goals. The Task Force is fully committed to the belief that these barriers are overcome when the system of services and the community believes that all people can work who wish to with the help of a flexible and stigma free system that supports individual recovery.

Erie County Behavioral Health Vocational Task Force

Current Services Subcommittee Report Summary
Final Report
January 8, 2003

The Mission Statement: To conduct a through assessment of the current vocational services system against models of best practice, and to determine the extent of accessibility to behavioral health consumers.

The Subcommittee was comprised of the following individuals:

Daniel Brown, Buffalo Psychiatric Center
Terri Cochran, Action for Mental Health, Co-Chairperson
Kimberly Coty, Mental Health Peer Connection
David Crissey, NYS VESID
John Grieco – Erie County Department of Mental Health
Avery Jones, Rehabilitation Counseling Intern, University Buffalo
Lorraine Jones, Action for Mental Health
Paul Kokoszka, Action for Mental Health
Maria Rivett, Horizon Health Services, Co-Chairperson
Marlene Schillinger, Jewish Family Services
Amy Scott, New York Works

The Subcommittee identified a number of key issues as result of their program evaluations:

- **Integration of vocational and clinical services**
  There appears to be a gap between vocational and clinical services, especially when an agency is providing just one service; for example, a vocational program or a residential program. Most agencies had a difficult time clearly identifying how they integrated the services.

- **Lack of knowledge of Evidence Based Practices**
  Almost all of the programs surveyed were not aware of the latest research on best practices in the field. Financial resources often dictated which vocational option was made available. In some cases, they did not know they were utilizing a best practice.

- **Consumer preferences**
  Many consumers are reluctant to advocate for their needs. They may agree to do something to please the counselor or because they are fearful of disagreeing.

- **Vocational options in the community**
  There are significant gaps in information about vocationally related services across the system. Many agencies have difficulty ensuring that their own staff is aware of everything their agency provides internally, let alone what the community at large offers. Many of these resources would provide additional

alternatives and help reduce barriers to employment if known and utilized. Coordination and integration across service systems should be improved with cross system training to enhance knowledge of community resources and best practice methodology.

- **Agency Collaboration**
  Greater emphasis should be placed on encouraging agencies to consider collaborations or partnerships when they have a specialty service that can be utilized by another agency, for example peer support and involvement.

- **Lack of consistency regarding terminology**
  Definitions are not consistent in the field of Vocational Services. Words such as supported employment, job support/coaching take on different meanings at different agencies.

Recommendations and Products:

1. **The establishment of an Erie County Vocational Advisory Committee comprised of Department of Social Services, VESID, behavioral health providers, consumers and a business association such as the Chamber of Commerce or the Erie Niagara Partnership.**
   This group would serve as the central planning committee tasked with dissemination of best practices, the centralization and coordination of behavioral health agencies/programs and funding sources, and the identification and resolution of systematic/community issues regarding vocational rehabilitation and employment.

2. **Agencies as well as consumers underutilize the Central Referral Directory.**
   This valuable resource requires a full marketing plan and training to increase the awareness of its existence and utilization

3. **The development of an Annual Networking Fair of Vocational and Educational programs and services in Erie County.**
   The target audience should be direct care staff and consumers.

4. **Exploring and creating options to provide and fund transportation for consumers who obtain employment.**
   Businesses in Buffalo continue to move to the suburbs where public transportation is in operation less often.

5. **Development of a certified benefits advisement team.**
   Consumers and staff need a credible resource to know how work will affect their benefits.

The Current System Subcommittee Report is available upon request to the Erie County Department of Mental Health, 95 Franklin St, Buffalo, NY 14202.

Employment Opportunities Sub-committee
Final Report

Mission Statement: To define and create an action plan for establishing better and more community employment opportunities for consumers of behavioral health services. *The emphasis was placed on matching Erie County employers' needs with the available potential employees who have behavioral health needs*.

Membership:

Bob Blake	Division of Parole
Carolyn Bright	NYS Dept of Labor
Samuel Drago	NYS Dept of Labor
Bill Fremgen	Erie County Dept of Mental Health
Bob Hartman	LakeShore Behavioral Health
Tim Pfohl	Suburban adult Services
Carol Sabatino	Horizon Health Services
Bill Schultz	People, Inc
Amy Scott	NY Works
Carol Segal	Mental Health Subcommittee
Donald J. Will	Horizon Initiatives, Inc.
Sherrie Boyd	Employed Consumer (Mental Health Peer Connection)
Lorraine Jones	Employed Consumer (Action for Mental Health)

Barriers Identified

- **Benefits**
  There is a lack of knowledge about available services, especially where benefits advisement exists. The fear of the loss of benefits has been identified repeatedly as a primary barrier. The BPAO [Benefits Planning Assistance and Outreach, a service of New York Works] project has been in existence for well over a year but there appears to be little knowledge of what it is and how to access services. Agencies typically send their direct service staff to such trainings and the information does not get to different departments or supervisors. Agencies need a better dissemination of information from trainings and in-services. Also more funding should be made available to provide benefits advisement training on a broader basis. Additionally, bi-monthly and monthly in-services are being conducted free of charge, in the area of benefits advisement. Service providers and staff should be far better represented. Many agencies are not represented at all.

- **Transportation**
  Regarding transportation as a barrier, some of this problem is due to the lack of adequate NFTA routes. Additionally, there is no transportation funding for an individual who is not a VESID consumer. Where VESID sponsors a consumer's bus pass for job search, training, or first month's employment, if an individual is not enrolled in VESID, there are few options. Moreover, transportation is even more challenging for individuals who are unable to use

the metro system either based on their disability or location. With the NY Works Project, we have had some success with assisting participants financially that have transportation problems. Assistance is available to help the participants take taxis, buy bus passes, pay a helper, or a myriad of other options not available by any other means. There is the need for funding to assist a participant with transportation issues that do not fall conveniently into the current rules.

Insights

- Potential Consumers need more awareness of the scope and availability of services and how to access them.
- In comparing barriers from a 1994 report (Barriers Subcommittee Report to the Erie County Vocational Committee (1-24-94), there has been little significant change or resolution to many of these barriers, especially transportation and loss of benefits. It appears necessary to instill creative suggestions regarding proactive solutions for these "same" barriers.
- Various agencies are available to work with individuals with various disabilities that may present an availability of resources.
- The lack of knowledge on the part of service providers about available services, especially where benefits advisement exists.
- Due to a combination of needs, a continuum/combination of services is frequently necessary.
- The Job Developer and the Employment Surveys both indicate that individuals with disabilities have a higher success rate of obtaining employment if they are properly matched with a position and have the proper training and skills needed for the position.
- Employers have a misconception that individuals with disabilities have physical impairments.
- Government incentives play a minor role as a hiring factor for individuals with disabilities.

Recommendations

- Develop a marketing plan (to employers) with specific recommendations for promoting, explaining and emphasizing incentives thus leading to realization of the mission. This would be an ongoing marketing plan to businesses and should be combined with job development activities.
- Develop a marketing plan (to agencies) with specific recommendations for promoting incentives and strategies for placement and integration into employment for behavioral health consumers. It should emphasize the theme for consumers, behavioral health and vocational services professionals, and employers that individuals with disabilities when appropriately qualified are capable employees. Moreover, it should additionally emphasize for job developers and employers that hiring consumers of behavioral health services can be a source of financial incentives for the employer. Finally, vocational services professionals who have contact with employers should be expert in explaining the benefits, including financial incentives, to prospective employers.

- Enable Consumers of services to access Department of Labor job bank and other services emphasizing vocational placement and job search.
- Establish creative solutions to barriers, especially transportation and loss/ potential loss of benefits.
- Emphasize and disseminate the value of employment in assisting in the process of recovery; i.e., valuing work. Agencies need a better dissemination of information from trainings and in-services to its own members and consumers.
- Determine Best Practices for matching employers' needs with available consumers and determine what employers are looking for in terms of post placement support. As part of this strategy, each agency/job developer should maintain relationships and records of these relationships with employers who regularly support hiring individuals with disabilities.
- Response rate for employer mailing was 12.6%. To attain a fuller understanding of employers' attitudes and beliefs, obtaining a greater response rate through follow up with employers is recommended. This could take the form of phone calls/e-mails/follow-up mailing to employer contacts to encourage completion and response.
- Vocational Service professionals serving behavioral health consumers should routinely access / obtain, analyze and promote this report and its meaning to consumers, their families/ significant others, and their various behavioral health workers.

The Employment Opportunities Subcommittee Report is available upon request to the Erie County Department of Mental Health, 95 Franklin St, Buffalo, NY 14202.

Vocational Models Subcommittee
Final Report

The Mission of the Vocational Models Subcommittee was to explore national models and other evidence-based practices that can be applied locally*. This included:*

- *Integrating vocational services and treatment*
- *Cross system planning and development*
- *Implementation of innovative programs targeted to individuals served by multiple systems*

The subcommittee included representation from behavioral health agencies, the county and consumer groups. Participants were:

Glen Briggs – Mid Erie
Nancy Churchill – Action for Mental Health
Terri Cochran – Action for Mental Health
Don Dauman – ECDMH
Elaine Frank – Mid Erie
Deborah Goldman – ECDMH
Jack Guastaferro – Restoration Society, Inc. Clubhouses – Co-Chair
Phyllis Haggerty - Lake Shore Behavioral Health – Co-Chair
Gladys Marrero – ERCDSS
Maria Rivett – Horizon Health Services
Kathy Shannon – Lake Shore Behavioral Health
Marlene Schillinger – Jewish Family Services

The Evidence Based vocational models researched included:

- Supported Employment
- Individual Placement and Support (IPS)
- Family-Aided Assertive Community Treatment (FACT)
- ICCD Clubhouse – Certified by the International Center for Clubhouse Development
- Assertive Community Treatment (ACT)
- Long-term Employment Training and Supports (LETS)
- Employment Assistance through Reciprocity in Natural Supports (EARNS)

The Subcommittee's literature review identified critical program components that are predictive of better employment outcomes:

- The agency providing supported employment services is committed to competitive employment as an attainable goal for its clients with severe mental illness, devoting its resources for rehabilitation services to this endeavor rather than to day treatment or sheltered work;

- Supported employment programs use a rapid job search approach to help clients obtain jobs directly, rather than providing lengthy pre-employment assessment, training, and counseling;
- Staff and clients find individualized job placements according to client preferences, strengths, and work experiences;
- Follow-along supports are maintained indefinitely; and,
- The supported employment program is closely integrated with the mental health treatment team. [***Implementing Supported Employment as an Evidence-Based Practice***; Bond, G. R. et al; Psychiatric Services, March 2001, Vol. 52, No. 3; pages 313 – 322].

Insights

In general, research in the area of national psychiatric employment models is young and short-termed in nature, which limits to some extent the validity and reliability of the findings. However, a number of key insights were gained. Primary among these are:

- All psychiatric and substance abuse services, including vocational services, should be founded upon and oriented to recovery values;
- Individualized person-centered approaches and self-directed rehabilitation are key factors in the successful acquisition and maintenance of employment;
- Multiple psychiatric rehabilitation employment service approaches should be available to address the varied needs and preferences of persons seeking employment;
- Psychiatric treatment and vocational services must adopt a "work first" focus that emphasizes rapid employment and works to prevent inadequate income and loss of appropriate health insurance as financial and medical entitlements end. This is a critical concern for individuals receiving public assistance in that cash benefits are affected upon employment;
- Benefits counseling is a critical activity as the individual moves toward employment status;
- Current research suggests that a combination of rapid attachment (quick employment strategies) and basic education and training yields the best long-term impact on employment maintenance and advancement for low-skilled workers;
- Employment before or during substance abuse treatment positively correlates to both longer job retention and the likelihood of successful employment outcomes;
- Employment helps to moderate the occurrence and severity of relapse to addiction, and offers the individual opportunities to develop new social skills and to make new, sober friends who can help the person to maintain sobriety;
- Vocational services must give significantly greater emphasis to career development;
- People who receive well-integrated and coordinated vocational and clinical services have much better employment outcomes than those who receive non-integrated services;
- Family members and significant others should be involved in the vocational process, based upon consumer approval;
- Lack of child care resources and transportation support comprise major barriers to employment;

- An integrated team approach that promotes coordination and integration among active providers and the various service systems (DMH, DSAS, DSS, VESID) interacting with the individual is positively correlated to vocational success;
- It is essential to provide education and technical assistance to psychiatric and substance abuse clinicians as a way to change negative attitudes and beliefs regarding persons with disabilities acquiring and maintaining competitive employment status;
- There must be a "zero exclusion" policy when a given customer expresses a desire to get a job, and a clearer recognition that perceived readiness to get and keep a job does not preclude successful employment and vocational advancement (who will be successful in employment cannot be reliably predicted through readiness assessment);
- Vocational services must be flexible and highly responsive to personal employment preferences;
- People need to receive more vocational services to compliment the levels of clinical services they are offered;
- Follow-along supports must be maintained and available consistent with individual choice and need;
- National vocational models studied either do not effectively address: a) cultural needs/requirements; b) gender issues; c) physical medical needs or personal hygiene, which may impede the individual's progress toward competitive employment status; and, d) the need to redefine "vocational success" so that the loss of employment and job switching are viewed as part of the employment learning curve and the personal growth process, and not perceived as failure.

Recommendations

- System wide goals and expectations should be premised upon person-centered and self directed rehabilitation objectives;
- Avoid a single model approach for delivering vocational services to behavioral health customers;
- Allow for the use of promising practices;
- Assess how consumers are referred into the vocational system for services;
- Assist customers in assessing the most appropriate vocational services to accommodate their needs;
- Provide centralized information detailing the types of vocational services and specialties offered in Erie County;
- Advocate for intersystem change to support vocational rehabilitation; and
- Provide multicultural intervention to respond to differences in cultural belief systems, help-seeking behaviors, and symptom management with strategies.

The Vocational Models Subcommittee Report is available upon request to the Erie County Department of Mental Health, 95 Franklin St, Buffalo, NY 14202.
Participants

Appendix I

Erie County Behavioral Health Vocational Task Force Participants

The individuals indicated below participated on the Task Force and/or on one of the Subcommittees. Although not all individuals were able to be present at the meetings, they were regularly informed of progress through e-mail. The participation and contributions of these individuals has been invaluable.

First Name	Last Name	Affiliation
Glen	Briggs	Mid Erie
Carolyn	Bright	NYS Dept. of Labor
Daniel L.	Brown	Buffalo Psychiatric Center
Kimberly	Coty	Mental Health Peer Connection
David	Crissey	NYSVESID
Terri	Cochran	Action for Mental Health
A.V.	D'Amore	ASA – ECDMH
Donald	Dauman	ECDMH
Frank	DeCarlo	ECDSS Employ. Div.
Samuel	Drago	NYS Dept. of Labor
Elaine	Frank	Mid Erie
Bill	Fremgen	ECDMH
Deborah	Goldman	ECDMH
John	Grieco	ECDMH
Jack	Gustaferro	Restoration
Phyllis	Haggerty	Lake Shore Behavioral Health
Bob	Hartman	Lake Shore Behavioral Health
Avery	Jones	
Lorraine	Jones	Action for Mental Health
Marsha	Mann	NAMI
Holly	Kippa	
Paul	Kokoszka	
Gladys M.	Marrero	Erie County Department of Social Services
Helen	McKeough	ECC
Jan	Palya	UB School of Social Work
Ken	Perez	NYS OASAS
Ritch	Perkins	Erie County Department of Social Services
Tim	Pfohl	Suburban Adult Services
Susan	Piper	NYS VESID
David	Polley	OASAS
Marie	Prince	ECDSS/Employ MAAT
Maria	Rivett	Horizon Health Services
Chuck	Root	Community Employment Office
Carol	Sabatino	Horizon Health Services
Marlene	Schillinger	Jewish Family Services
William	Schultz	People, Inc.
Amy	Scott	NY Works
Jerry	Scott	NYSOMH
Carol	Segal	MH Subcommittee
Kathy	Shannon	Lake Shore Behavioral Health
Thomas	Sweeney	ECDSS MAAT unit
Joseph	Woodward	Action for Mental Health, Inc

Appendix II

Resources for Benefits Advisement

The Work Incentives and Benefits Advisement Project

The goal of the Work Incentives and Benefits Advisement Project is to help individuals maximize their employment potential through benefits advisement services. All Benefits Specialists have attended an intensive training program sponsored through Cornell University. The Project will help individuals take advantage of special work incentives that will, in many cases, allow them to retain cash benefits, Medicaid or Medicare. In Erie County, the following agencies are available:

Agency	Phone	Fax
Neighborhood Legal Services	716-847-0650	716-847-0227
Native American Independent Living Services	716-836-0822	716-835-3967
Niagara Frontier Center for Independent Living	716-284-2452	716-284-0829

Ticket to Work Program Resources (for people who receive SSDI and/or SSI):

Action for Mental Health, Inc. 716-871-0581 716-871-0614
Basic benefit educational presentations for consumer and provider groups and information and referral

MAXAIMUS 866-968-7842
www.yourticketowork..com TTY 866-833-2967
Ticket to Work Program Administration/Employment Network phone numbers

Technical Assistance in NYS 888-224-2372
Individual and community presentations

Local WNY Employment Networks:
- DRS (Diagnostic Rehab. Services) 716-633-7138
- People Inc. 716-633-8152
- Phoenix Frontier Inc. 716-982-0161

Linkage with VESID and SSA

Buffalo Empowerment and Training Center 716-856-JOBS
One-Stop

Appendix III

Action for Mental Health, Inc.
Consumer Survey Summary

Action for Mental Health, Inc. administered a survey to mental health consumers on identifying the barriers to Educational/ Vocational programming and work. AMH received 187 surveys back from consumers who attend a variety of peer and tradition treatment programs.

The ethnic and gender breakdown of the consumers who filled out the survey is as follows:

Male: 69 (37%),

White males 37 (20%), African- American males 24 (13%), Hispanic males 6 (3%) Native Americans 2 (1%)

Female: 118 (63%),

White females 58 (31%), African- American females 42 (22%), Hispanic females 18 (10%)

The consumers rated the barriers in the following order:

1. Loss of benefits
2. Lack of understanding of entitlements/benefits and government system cumbersome
3. Stigma
4. Stress in seeking, obtaining and keeping a job
5. Consumer fear of decompensating
6. Transportation
7. Lack of work history
8. Fear of loss of subsidized housing
9. Vocational programs lack flexibility and are time limited
10. Lack of family support
11. Counselor fear of consumer failing/decompensating
12. Clothing
13. Child care
14. Criminal background
15. Age
16. Financial

It is also important to note that many consumers said that a particular barrier to them is an important barrier. Most improvements can occur on the top couple of barriers, but a barrier to any consumer regardless of the rating is important to look at and it is important to make necessary changes to help eliminate that barrier for that individual.

Each consumer was given space on the survey to provide comments. There were so many comments that we could not list them all. However, categories where developed to summarize the general themes. The categories are as follows and are in no specific order:

- For the Hispanic population, language is a major barrier.
- Lack of support, from family, counselors (treatment and educational/vocational, and case management).
- Programs not flexible especially with part-time vs full-time and pushing individuals into training that they don't want.
- System isn't patient with individuals who may get sick, either physical and/or mental.
- Stigma: Many comments on being judged and not listened to because of their mental illness.
- Fear of loosing benefits, housing and not succeeding.
- Lack of understanding and knowledge of benefits regarding the educational/vocational system, and the program with which they may be involved.

The following is a list of suggestions that consumers feel would help:

- Added support for individuals in the educational/vocational programs or who are working from a peer stand point. Like peer supervision, Self-help groups and peer case managers that work with the educational/vocational programs and consumers;
- Improved training for consumers by peer programs and traditional providers regarding benefits, knowledge and understanding of the educational/vocational system;
- Availability of resources to support consumers' engagement and success within the system including; resource guide, transportation, childcare, clothing, and flexibility of programs and treatment;
- More bilingual staff and programs that meet the needs of minority populations;
- Accessibility to programs within the communities that individuals live;
- Improved cultural competency;
- Develop an evaluation program that provides checks and balances to reassure consumer satisfaction, engagement, support and success. To make sure that barriers are being improved upon and that the system is doing what it says it is doing;
- Develop a program that allows for employment and/or educational/vocational programming to be completed in small steps. This type of program won't hinder current disability benefits; and it would give time to help consumers deal with illness and stress. Example; work 1-3 hours per week and build from that and educational/vocational training participation one/two times a month.

APPENDIX IV

ELEMENTS OF SUCCESSFUL VOCATIONAL REHABILITATION FOR INDIVIDUALS WITH BEHAVIORAL HEALTH DISORDERS

- Availability of up-to-date benefits advisement for proactive planning for the financial transition from government support to self-sufficiency;

- Availability of an integrated system of behavioral health specialists who are knowledgeable regarding benefits advisement and financial supports for an individual's transition to employment and self-sufficiency;

- Availability of behavioral health specialists and vocational counselors who are sensitive to the potential negative effects of stigma and how to proactively address these issues with prospective employers;

- Availability of knowledgeable behavioral health specialists who believe that individuals with behavioral health disorders can become gainfully employed;

- Availability of knowledgeable behavioral health specialists who recognize employment as a primary goal of rehabilitation when an individual expresses desire to work;

- Availability of flexible, responsive, clear and uncomplicated government systems that support vocational rehabilitation;

- Availability of family and significant other supports to dispel negativity and fear of the vocational rehabilitation process;

- Availability of aggressive and flexible vocational programs with access to varied, competitive, career advancement employment opportunities;

- Availability of on going supportive resources to assist individuals who become employed to maintain employment including stress management, crisis intervention and relapse prevention;

- Availability of fundamental resources to support an individual's engagement in a work environment, including transportation, childcare, clothing and flexible treatment access;

- Availability of reasonable accommodation and workplace supports.

APPENDIX V

Vocational Barriers

Barriers identified:

- Transportation to programs and jobs
- Loss of benefits – real & perceived
- Fear of decompensation on the part of both the consumer and the counselor
- Counselor's fear of consumer failure
- Lack of understanding of entitlements and benefits by vocational programs, counselors and consumers
- Child care
- Stigma, i.e., disabled individuals can't work – counselors, consumers and providers
- Government systems are cumbersome
    - Lengthy processes
    - Difficult to navigate
    - Don't come together well
    - Don't return phone calls
- Criminal backgrounds
- Vocational programs
    - Lack of flexibility
    - Time limited
- Stress of seeking, obtaining and keeping a job
- Fear of loss of subsidized housing
- Lack of family support – worries about loss of benefits and failure
- From a 1997 publication
    - With a loss of benefits, people would be worse off if they worked
    - People with disabilities can't choose their vocational program
    - People with disabilities don't have a wide job choice
- Some fields are not approved for training because either training is too long or there aren't enough jobs
- Transportation (!)
- Fear of loss of benefits (!)
- Loss of benefits (!)
- Day care
- Attitude/ outlook of health care providers
- The number of people working with a consumer; interference with employer's day/ schedule/ productivity

APPENDIX VI

Research-Based Principles of Successful Vocational Rehabilitation Strategies: Are these Available in Your Area

1. People with serious mental illness can be successfully engaged in competitive employment.
2. Vocational rehabilitation services should involve employment in integrated settings for minimum wage or above.
3. Consumers should be placed in paid jobs as quickly as possible and according to their preferred place.
4. Ongoing vocational support should be available as needed and desired.
5. Consumers should be helped to find jobs that match their career preferences.
6. Vocational rehabilitation services should explicitly address financial planning and provider education/support around disability benefits and entitlements.
7. Vocational and mental health services should be integrated and coordinated.
8. Vocational service providers should work collaboratively with consumers to address issues of stigma and discrimination, and to help negotiate reasonable accommodations with employers.
9. Vocational rehabilitation services should be made available to all mental health consumers.
10. Vocational services should involve family and friends in supporting consumers' efforts to work.

Source
Evidence-Based Best Practices in Vocational Rehabilitation Research: Results of the Employment Intervention Demonstration Program, Razzano et.al, Annual Meeting of the NYS Council for Community Behavioral Healthcare, June 19-20 – Saratoga Springs, NY.

APPENDIX VII

Descriptions of Vocational Programs

VESID

The New York State Office of Vocational and Educational Services for Individuals with Disabilities (VESID) provides a full range of services designed to help people with disabilities become fully integrated into their communities. To be determined eligible for services, one must be able to medically document that there is a mental, physical, or learning disability which is keeping you from working or is interfering with your present job. A detailed description of available assistance and programs can be explored in more detail at the agency's web site. Their vocational services include:

1. Vocational counseling and guidance;
2. Assessments;
3. Training in specific job skills;
4. Transition services to help you move from school to work, or further training leading to work;
5. Support services needed in training and employment and;
6. Job placement assistance.

Vocational Programs Targeted to Individuals with Serious Mental Illness

- Sheltered Workshop:
  Sheltered Workshop programs provide vocational assessment, training, and paid work in a protective and non-integrated work environment.

- Transitional Employment Placement:
  Transitional Employment Placement programs provide time-limited employment and on-the-job training in one or more integrated employment settings as an integral part of the individual's vocational rehabilitation.

- Assisted Competitive Employment:
  Assisted Competitive Employment provides individuals with job related skills training as well as long-term supervision and support services, both at the work site and off-site.

- Ongoing Integrated Supported Employment:
  Ongoing Integrated Supported Employment provides ongoing job maintenance services and supports needed to assist an individual in maintaining a job placement. These services are intended to complement VESID time-limited supported employment services.

Please note that many treatment and support programs targeted to individuals with Serious Mental Illness and/or Chemical Dependency offer vocational and rehabilitative components.